

WILD ROSE MANOR  
425 SUMMIT STREETWILD ROSE 54984 Phone:(920) 622-4342  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 78  
Total Licensed Bed Capacity (12/31/04): 78  
Number of Residents on 12/31/04: 74Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 74

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
							%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	28.4
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years	55.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.4	More Than 4 Years	16.2
Day Services	No	Mental Illness (Org./Psy)	33.8	65 - 74	10.8		-----
Respite Care	Yes	Mental Illness (Other)	4.1	75 - 84	29.7		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	40.5	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	13.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.4		-----	Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	1.4		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	16.2	65 & Over	94.6	-----	
Transportation	No	Cerebrovascular	17.6		-----	RNs	9.9
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	5.8
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	24.3	Male	18.9	Aides, & Orderlies	
Mentally Ill	No	-----	-----	Female	81.1	37.8	
Provide Day Programming for			100.0		-----		
Developmentally Disabled	No				100.0		

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## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	1.8	124	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.4
Skilled Care	7	100.0	260	52	94.5	111	0	0.0	0	12	100.0	150	0	0.0	0	0	0.0	71	95.9
Intermediate	---	---	---	2	3.6	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	2.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	7	100.0		55	100.0		0	0.0		12	100.0		0	0.0		0	0.0	74	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	10.8	Bathing	1.4	66.2	32.4	74
Private Home/With Home Health	0.0	Dressing	5.4	63.5	31.1	74
Other Nursing Homes	7.7	Transferring	21.6	45.9	32.4	74
Acute Care Hospitals	75.4	Toilet Use	17.6	35.1	47.3	74
Psych. Hosp.-MR/DD Facilities	1.5	Eating	43.2	37.8	18.9	74
Rehabilitation Hospitals	0.0	*****				
Other Locations	4.6	Continence		%	Special Treatments	%
Total Number of Admissions	65	Indwelling Or External Catheter	12.2	Receiving Respiratory Care		12.2
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	29.7	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	29.9	Occ/Freq. Incontinent of Bowel	21.6	Receiving Suctioning		0.0
Private Home/With Home Health	11.9			Receiving Ostomy Care		2.7
Other Nursing Homes	3.0	Mobility		Receiving Tube Feeding		1.4
Acute Care Hospitals	11.9	Physically Restrained	2.7	Receiving Mechanically Altered Diets		52.7
Psych. Hosp.-MR/DD Facilities	0.0			Other Resident Characteristics		
Rehabilitation Hospitals	0.0	Skin Care		Have Advance Directives		91.9
Other Locations	6.0	With Pressure Sores	8.1	Medications		
Deaths	37.3	With Rashes	2.7	Receiving Psychoactive Drugs		54.1
Total Number of Discharges (Including Deaths)	67					

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.9	87.4	1.09	85.5	1.11	85.9	1.10	88.8	1.07
Current Residents from In-County	81.1	76.6	1.06	71.5	1.13	75.1	1.08	77.4	1.05
Admissions from In-County, Still Residing	30.8	21.5	1.43	20.7	1.49	20.5	1.50	19.4	1.59
Admissions/Average Daily Census	87.8	125.9	0.70	125.2	0.70	132.0	0.67	146.5	0.60
Discharges/Average Daily Census	90.5	124.5	0.73	123.1	0.74	131.4	0.69	148.0	0.61
Discharges To Private Residence/Average Daily Census	37.8	51.0	0.74	55.7	0.68	61.0	0.62	66.9	0.57
Residents Receiving Skilled Care	97.3	95.2	1.02	95.8	1.02	95.8	1.02	89.9	1.08
Residents Aged 65 and Older	94.6	96.2	0.98	93.1	1.02	93.2	1.02	87.9	1.08
Title 19 (Medicaid) Funded Residents	74.3	69.6	1.07	69.1	1.08	70.0	1.06	66.1	1.12
Private Pay Funded Residents	16.2	21.4	0.76	20.2	0.80	18.5	0.88	20.6	0.79
Developmentally Disabled Residents	0.0	0.4	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	37.8	40.3	0.94	38.6	0.98	36.6	1.03	33.6	1.13
General Medical Service Residents	24.3	17.9	1.36	18.9	1.28	19.7	1.23	21.1	1.15
Impaired ADL (Mean)	57.6	47.6	1.21	46.2	1.25	47.6	1.21	49.4	1.17
Psychological Problems	54.1	57.1	0.95	59.0	0.92	57.1	0.95	57.7	0.94
Nursing Care Required (Mean)	10.0	7.3	1.37	7.0	1.43	7.3	1.36	7.4	1.34